

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591427

FILING DATE

10 MAY 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		①		1		
10		/		/		
11		/		/		
12	1	/	1	/		
13		1		1		
14		2		1		
15		/		/		
16		/		/		
17		/		/		
18		/		/		
19		/		/		
20		①		1		
21		/		/		
22		/		/		
23	1	/	1	/		
24		1		1		
25		2		1		
26		/		/		
27		/		/		
28		/		/		
29		/		/		
30		/		/		
31		②		1		
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50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	12	←	9	←		←
TOTAL CLAIMS	15		12			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						